

admitted March 1. 1842

#3

## Of Puerperal Fever

This is a disease peculiar to lying-in women and is to be regarded as the most dangerous and fatal to which the puerperal state is incident. Its name is very applicable, since it occurs exclusively to females soon, or for the most part in a few days after delivery.

Although it has appeared in all seasons, climates, and ages, yet the reputed father of our science, and most of the subsequent writers entertained erroneous views of its pathology.

It had no determined state among other diseases till Dr. Boerhaave of London wrote on it in the year 1716. Though Hippocrates and many of the most celebrated authors down to the present time correspond very nearly in their description of its most prominent symptoms and the great danger with which it is attended; yet, notwithstanding, their sentiments as to the true nature of the disease, and mode of treating it are very diversified.



Though I expect to advance nothing new on the subject, yet certainly a proper understanding of the nature and constitution of the disease we are treating is a matter of vital importance to the happy result of our management. Dr. James having recommended Gordon and Day in his lectures last winter in the highest terms, I shall transcribe much from them.

This disease usually makes its attack within the first forty-eight hours after delivery, and previous to its appearance the patient does not feel more unwell than might be expected from her situation.

She is seized with a rigor, which is succeeded by a great degree of heat, and this again often by profuse perspiration, and severe pain in the abdomen. The pain has no complete intermission and sometimes no remission; but it is commonly much aggravated





at intervals so as not to be very unlike the pains of labour. The abdomen is always extremely sore, and consequently pressure on this part, or motion occasions the patient very great uneasiness; so much so that even the weight of the bed-clothes become intolerable. The pulse is strong, quick, and full at the commencement, but soon becomes weak, much quicker, and irregular; within a few hours after the attack it is generally found to beat from one hundred and ten to one hundred and 20, 30, 40, or fifty strokes in a minute. The head is affected with pain but this for the most part is slight, with giddiness and some confusion of ideas. The intellectual faculties do not at any period of the disease often suffer to delirium, and when they do, it does not happen till the close of the fever. After the heat which succeeds the cold stage has gone off, the patient's countenance is

The first of these is the fact that the  
 human mind is not a blank slate at birth.  
 It is filled with a vast amount of  
 information, much of which is acquired  
 from the environment. This information  
 is stored in the brain, and it is this  
 stored information that is used to  
 guide the child's behavior. The child  
 is not a passive recipient of information;  
 he is an active participant in the  
 learning process. He is constantly  
 seeking out new information, and he  
 is constantly using the information  
 that he has already acquired to  
 guide his behavior. This is the  
 nature of the human mind, and it is  
 this nature that makes the child  
 a unique individual.

usually pallid, and expressive of much anxiety and distress. The state of the surface is not uniformly the same, for though the skin is generally hot and dry, it is sometimes moist and covered with profuse perspiration and in other instances it is quite cool and pale. The tongue for the most part is white with a brown streak in the middle; at others it is of a fiery redness; sometimes it is rough and scabrous. The teeth are covered sometimes with a black or brown sand, but not commonly until the case becomes protracted. If the woman is attacked before the secretion of milk has taken place, this process is prevented; if it has commenced it is soon suppressed, and the breasts become flaccid. The lochia are variously affected; sometimes they suffer little or no alteration and at others they are diminished or suppressed, and will sometimes reappear during the

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Disease. Nausea is not an unfrequent symptom, and in bad cases vomiting or a tendency to it often comes on early; it is sometimes one of the first symptoms: but in a majority of cases it does not appear till the disease is far advanced. The bowels soon become obstinately constipated requiring the most active cathartic to evacuate them.

The pain of the abdomen is frequently attended with an ineffectual desire <sup>go to</sup> to stool.

A degree of fulness, or swelling in the hypogastric region is often evident very shortly after the commencement of the disease; and if the woman is not shortly relieved it begins to extend itself over the whole of the abdomen; which sometimes becomes distended to a great size, and occasions difficulty of breathing. The patient is compelled to lie constantly on her back with her feet drawn up to relax the abdominal muscles, without being



able to change her position to either side.  
When the fever is not soon checked great depression of strength and spirits, and other appearances of sinking soon come on: the countenance pale, wild, and expressive of much distress, the whole body is covered with a cold clammy sweat. At this period of the disease the violent pain of the abdomen abates, and sometimes ceases ~~entirely~~ entirely; but its distinction occasions pain in the back, sides, and chest, and the patient is sometimes attacked with paroxysms of dyspnoea; finally she is affected with vomiting, hic-cough, and sometimes delirium as before mentioned, and other symptoms which precede the fatal issue of the disease.

The symptoms enumerated are the most common of the fever.

But we sometimes find that it will terminate by a favourable crisis, or else prove





fatal before such a long train of symptoms can make its appearance.

What has a great tendency to add much to the fatality of this fever is its irregular and clandestine manner of attack; for there are many varieties in its first appearance in different patients, which often prove a source of serious embarrassment to the practitioner, and destructive to the unfortunate woman. And none are so dangerous as when the true character of the disease is concealed under the mildness of its attack. Here it may not be improper to notice some of the most prominent varieties, either in the time of its appearance, manner of attack, or concomitant symptoms. I have said that it usually comes on in forty-eight hours after delivery, but this is not always the case; it sometimes appears in eighteen or twenty hours, and may



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mentions a case where he was called in as  
consulting physician, and there were reasons  
to suspect the existence of the fever be-  
fore the delivery of the patient; and again  
it has been known not to make its appeara-  
ance under eight or ten days, and a much  
longer period is noticed by some authors.  
Though shivering is most commonly the first  
symptom, yet some of the worst cases do  
sometimes occur without any such symp-  
tom, and in others equally severe there is  
no more than a slight chill.

When pain comes on without rigor it is  
frequently mistaken for some other affec-  
tion, such as an effort of the uterus to  
throw off some extraneous substance; pain  
is therefore a deceitful symptom, and when  
it is preceded by a chill, is apt to occasion  
some embarrassment by the irregular man-  
ner of its appearance, and the consequent



difficulty of discovering the true nature of the disease. There are also some instances where the pain does not immediately follow the chill, but such cases are said to be rare.

When the attack is ushered in by a shivering, violent pain, and extreme soreness of the abdomen soon follow. But sometimes pain is the first symptom, and then it will often come on by paroxysms, having some resemblance to after-pains. And at others it will come on with such long intervals, as to induce a hope that it will not return, that the pain arose from some other cause than inflammation. The pain in the commencement is in the hypogastric region, sometimes in the right and sometimes in the left side indiscriminately; it frequently shoots into the back, hips, or thighs; sometimes the principal seat of the pain at the commencement is in one or both of the groins just where the round liga-

possibility of observing the true nature of the  
case. There are also some instances where the  
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ments emerge; sometimes a pain in the stomach gives the first warning of attack.

Of the causes of this disease there is little to be said which can be well substantiated.

The late Dr Young professor of midwifery at Edinburgh was of opinion that puerperal fever strictly so called is in every instance the consequence of contagion; and that the contagious matter of the disease is capable only of producing its effects in consequence of a peculiar predisposition given by delivery and its consequences. Which he attempts to prove by saying, that it prevailed as an epidemic in the hospital of Edinburgh, and that it was eradicated by emptying the wards, thoroughly ventilating, and newly painting them.

In this country, at present, it is a pretty well received opinion that it is an inflammatory disease, and by some of our most



respectable practitioners thought to have its origin sometimes in the uterus; and of these is Dr Chapman. It is his opinion that puerperal fever most commonly has its origin in the uterus itself, produced by undue pressure or violence in delivery, which extends more or less over the abdominal contents, according to the vehemence of attack, and the predisposition of the different parts to assume a morbid state. Though the professor also believes it has been correctly remarked that it occasionally follows the most easy labours; so as to preclude altogether the idea of any injury having been sustained by the uterus or its appendages. In such instances he asks may not this predisposition be owing to the relaxation and debility into which the peritoneum is thrown in consequence of the previous distention by pregnancy. It is the opinion of Dr James prof-



person of midwifery in this university who has had ample experience, that much depends upon the state of the system at the time of delivery, being more or less predisposed to an inflammatory disposition from not having used the proper precautions during pregnancy, such as occasional venesection when circumstances require it in proper food of too gross a nature, spasmodic li-  
gors of any kind, long and difficult labours.

When this disease has followed an easy labour, may it not in some instances be produced by too great a quantity of blood flowing into the substance of the uterus, from its being in a relaxed state, (but not sufficient to produce hemorrhage) thereby producing congestion and inflammation, and finally extending itself to the peritoneum?

This may probably be the case, knowing how much blood was in the habit of



entering that viscus before delivery, for the nourishment of the fetus.

Here I might give some diagnostic symptoms to distinguish this disease from several others; as the milk fever, after-pains, the need, inflammation of the bladder, &c. But as I have treated of the symptoms of puerperal fever at some length, and should have much repetition I think it unnecessary.

The prognosis is favourable when the patient can change her position to either side, when the secretion of milk commences or reappears, when the tumefaction of the abdomen diminishes, and when the patient engages of the attendants for the child.

Treatment, this disease like most others has been variously treated by practitioners; while some recommend depletion largely, others say we must proceed cautiously to the use of the lancet and other directly depleting remedies.





Dr Burns recommends bleeding in a manner that is well calculated to make the young practitioners doubt its propriety. But happy for mankind this feeble and inert practice is now abandoned; tis now the plain practice largely, regardless of the state of the pulse, for tis a fallacious sign, being often small and depressed in proportion to the urgency of the case, and necessity of the lancet.

Called therefore to a patient labouring under this disease, and before debility from excessive arterial action has come on; we should immediately proceed to the use of the lancet, and bleed until the patient is relieved of pain, or syncope comes on, which operation must be repeated when ever the pain or uneasiness returns.

After we have subdued in some degree by the lancet the inflammatory action, we



must then recur to purges; but sometimes from the state of the stomach the patient is affected with nausea and a disposition to vomit under such circumstances we must exhibit an emetic. After which we must use purgatives, the best of which is Calomel given in large doses, so as to evacuate completely the alimentary canal, and this if necessary may be aided by injections of a mild nature. After the employment of the above remedies has opened arterial action, then we must make use of fomentations and emollient embrocations to the abdomen. The mild diaphoretics are also useful, used so as to produce a gentle diaphoresis. The propriety of using blisters in this disease has been disputed by some. They say the irritation which they cause is not counterbalanced by the relief they afford the patient. They should never be applied until inflammation



is considerably reduced, at which time they  
prove advantageous.

In the low or sinking stage of this fever  
we should make use of stimulants; among  
which Camphor may be used alone or in  
conjunction with Opium and Tartar eme-  
tic. And in the last stage, spirit of Tur-  
pentine is recommended to be exhibited  
internally in large doses, and also applied  
externally.

*John Smith*  
*of Richmond*  
*Virginia*  
*admitted March 7th 1821*

Oct. 26/92

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